## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

10.330\_006\_999 09.1800563

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (			OTHER THAN OR SMALL ENTITY		
ŢÇ	TAL CLAIMS		-15	1 - 15				RATE	FEE		RATE	FEE	
FOR			NUMBER FI	LED	NUMBE	REXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS /5			minu E/	s 20=	•	Ø		X\$ 9=	1	OR	X\$18=		
INDEPENDENT CLAIMS			2. min	. minus 3 = (		1		X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							+135=	/	OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2						•	TOTAL	355.00	OR	TOTAL			
CLAIMS AS AMENDED - PART II								•		,	OTHER	THAN	
	(Column 1) (Column 2) (Column 3)							SMALLE	ENTITY	OR	SMALL	NTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 32	Minus	20	<u> </u>	=/2		X\$ 9=	108	OR	X\$18=		
	Independent	7	Minus	NDENI	CLAIM	= 4		x448=	172	OR	X80=		
Щ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>'</b>	+135=		OR	+270=		
								TOTAL ADDIT, FEE	280	OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus		=	=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	11	X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	JLTIPLE DEPI	ENDEN	CLAIM		┚┃	+135=		OR	+270=		
BEST AVAILABIE COPY								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)		400H. 1 CC 1		•	ADDIT. I EE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
	Independent		Minus	***		=		X40=		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

FORM PTO-875

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